

The President's Emergency Plan for AIDS Relief
South Africa OVC Partners Meeting
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Monitoring and Evaluation IS
normal business practice...



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graph LR; Planning[Planning] --> Implementation[Implementation]; Implementation --> Outcomes[Outcomes]; Outcomes --> Planning; Planning --> FE["-Formative Evaluation  
(Planning and Assessment)"]; Implementation --> IOM["-Input/Output Monitoring  
-Process Evaluation"]; Outcomes --> OM["-Outcome Monitoring  
-Outcome Evaluation  
-Impact Monitoring  
-Impact Evaluation"]; FE --> Planning; IOM --> Implementation; OM --> Outcomes;
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Planning

Implementation

Outcomes

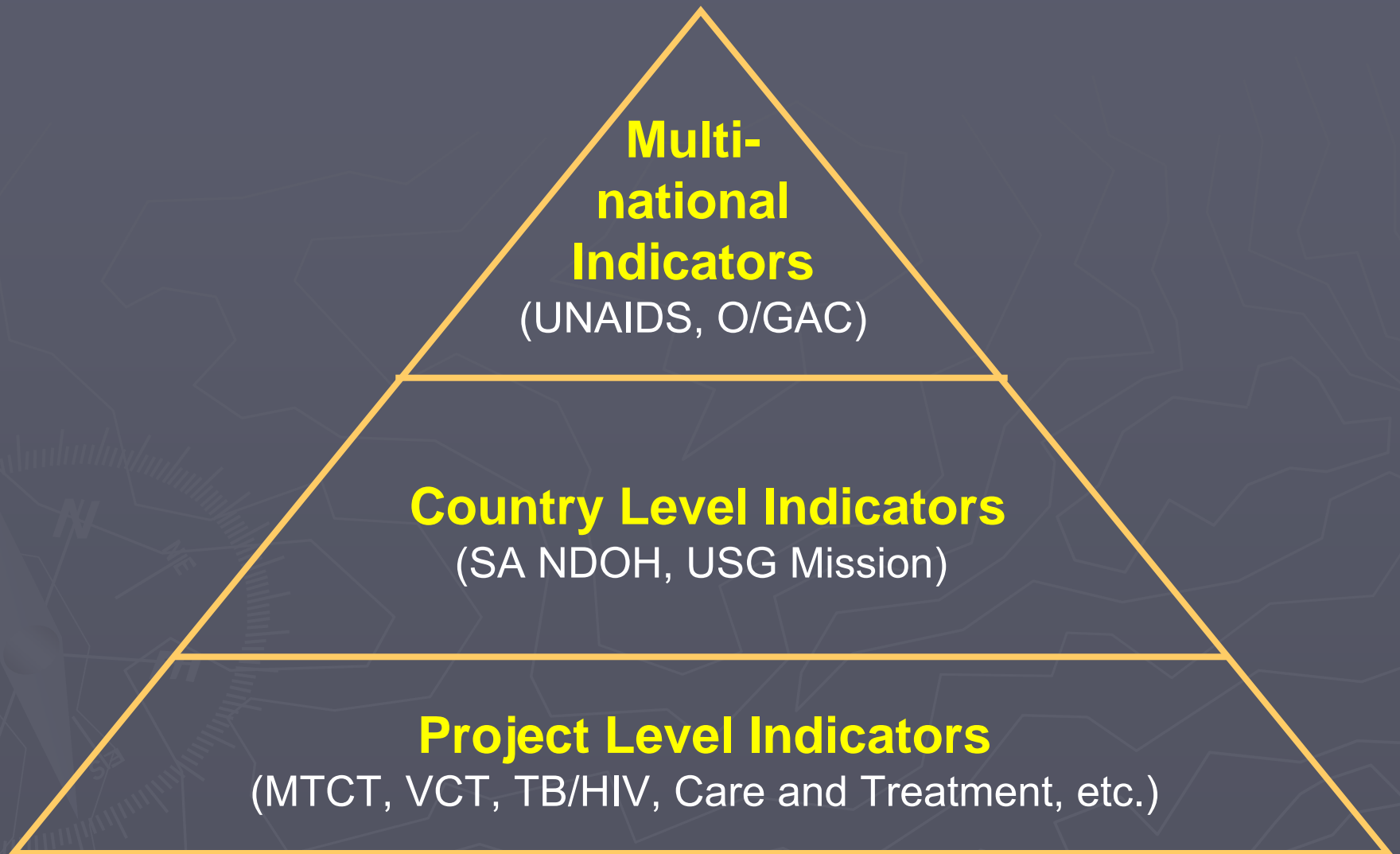
**-Formative Evaluation
(Planning and
Assessment)**

**-Input/Output Monitoring
-Process Evaluation**

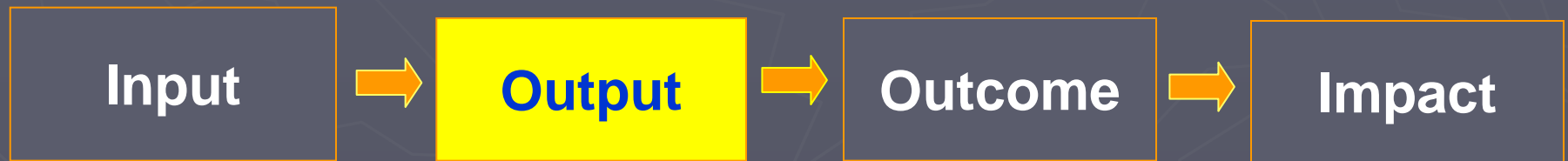
**-Outcome Monitoring
-Outcome Evaluation
-Impact Monitoring
-Impact Evaluation**

What & how well are we doing?

M&E Indicator Pyramid:



Program Level



Revised FY06 Indicators

- ▶ Number of orphans and vulnerable children (OVC) served by an OVC program
- ▶ Number of providers/caretakers trained in caring for orphans and vulnerable children

Dropped: Number of OVC programs

Direct/Indirect

► USG Direct Support

Included in these accomplishments are individuals receiving care and treatment through service delivery sites/providers that are directly supported by USG programs (commodities and/or drugs and/or supplies and/or supervision and/or training and/or quality assurance, etc.) at the point of service delivery. An intervention or activity is considered to be a type of “direct support” if it can be associated with counts of uniquely identified individuals receiving care and/or support at a service delivery point benefiting from the intervention/activity.

Direct/Indirect Guidance

- **Frequency.** Counting people directly depends on how often your organization visits a site to provide services, TA, or training. If staff from your organization are on-site every other week or more, it can be considered direct. This can be considered hands on mentoring rather than training. Visiting an organization less than this should be considered indirect support.

Direct/Indirect Guidance

- Ask whether the service would exist if your organization was not involved. Are you providing resources, staff or mentoring that enables this service to take place? If yes, count it as direct. EX: A doctor is now available to provide ARVs at a site 3 days, rather than 1 day in the past because of your TA or resources. This is direct.

Direct/Indirect Guidance

- ▶ Do you have access to OVC registers/records? If you were audited could you show the proper audit trail to back up all the numbers you are claiming.

Direct/Indirect

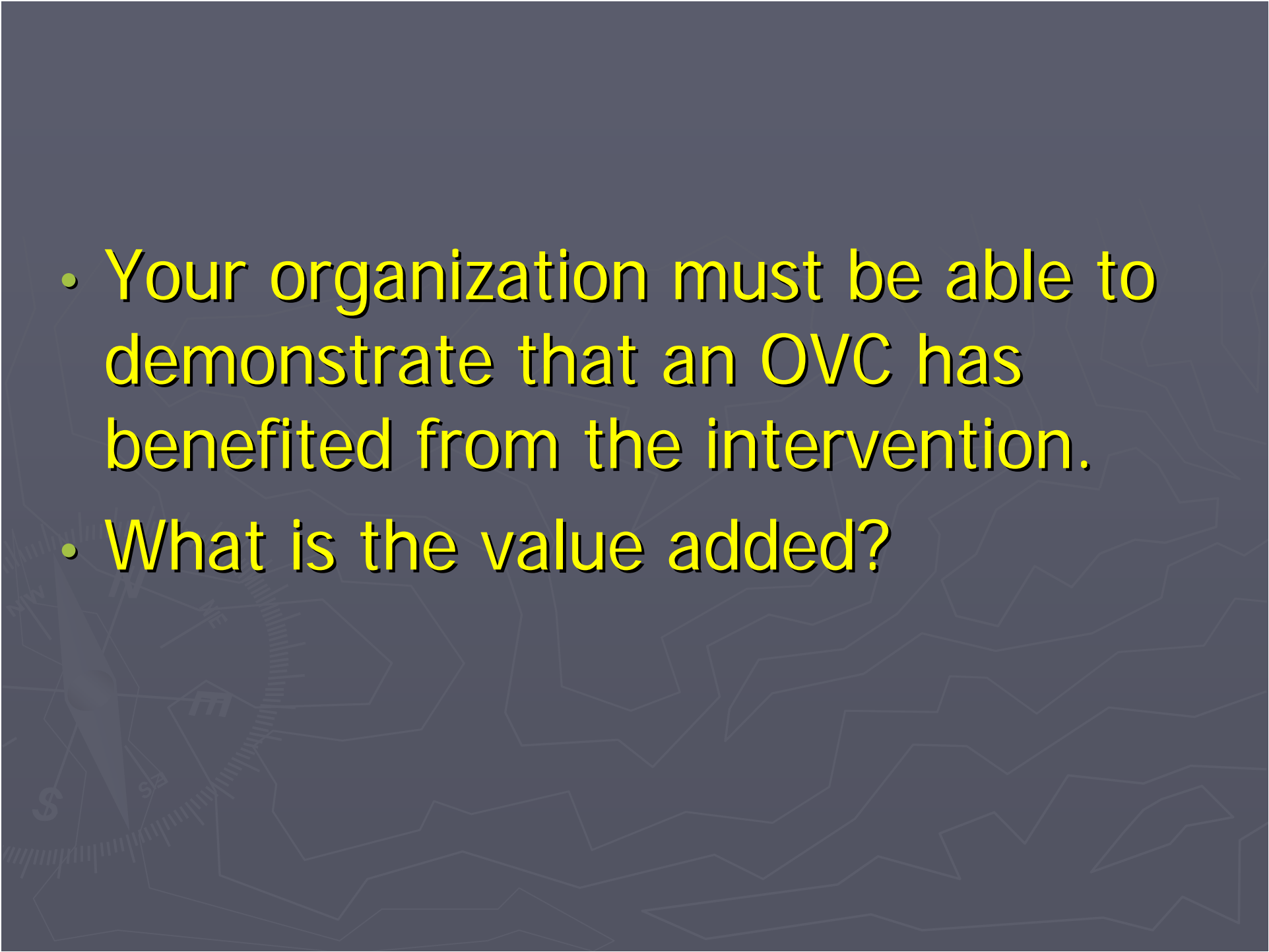
► USG Indirect Support

Estimate of individuals receiving care or treatment as the result of the USG's *contribution* to national, regional, or local activities such as policy development; logistics; protocol or guideline development; advocacy; laboratory support; capacity building; etc. Procedures for estimating these targets must be clearly documented.

Number of orphans and vulnerable children (OVC) served by an OVC program

To count an OVC reached as Direct your organization must at minimum provide 3 of the following services:

- ▶ increasing access to education (including school fees, uniforms or tutoring);
- ▶ assisting OVC to access economic support (accessing social grants, income generation projects, etc.);
- ▶ providing food and/or nutrition support;
- ▶ providing legal aid, including accessing birth certificates;
- ▶ assisting OVC to access health care;
- ▶ providing or linking an OVC to psychological and/or emotional care;
- ▶ protection from abuse

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- Your organization must be able to demonstrate that an OVC has benefited from the intervention.
 - What is the value added?

- ▶ **Indirect** reach could include reaching an OVC with fewer than three services, policy/guideline development, community mobilization around OVC, organizational development of indigenous organizations, etc. This list is not exhaustive.

Number of providers/caretakers trained in caring for orphans and vulnerable children

- ▶ Training of individuals to provide OVC services is a direct count only. Because training likely results in better quality services for OVC or an increase in access to services, an organization can estimate the number of OVC reached by the newly trained person in the indirect category for indicator #1.

Additional Indicators

- ▶ Number of OVC visits
- ▶ Number of OVC who were provided:
 - assistance in order to access education;
 - legal aid, including accessing birth certificates
 - support to access health care;
 - psychosocial support;
 - services in order to protect the child/ren from abuse;
 - assistance to access economic support (accessing social grants, income generation projects, etc.);
 - food or nutritional supplements;

Making it Meaningful

- ▶ Further Defining the Criteria
 - Encouraging Quality
- ▶ M&E Trainings
- ▶ Data Quality Assessments

Global Goals: 2-7-10

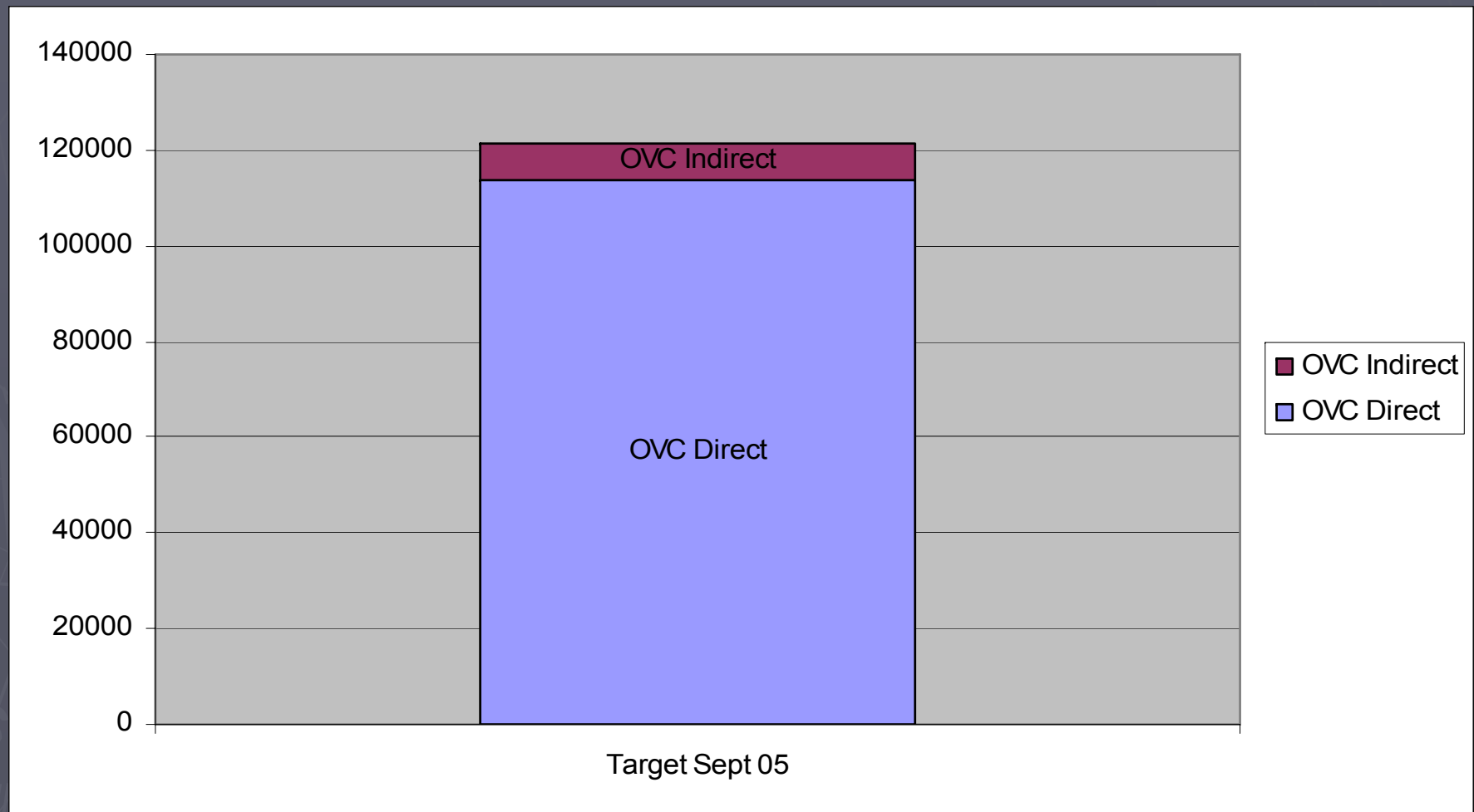
- ▶ Treating 2 million HIV+ people by 2008
 - Treating 500,000 in SA
- ▶ Preventing 7 million new infections
 - Preventing 1.8 million in SA
- ▶ Caring for 10 million HIV infected and affected individuals by 2008 (including orphans and vulnerable children)
 - Caring for 2.5 million in SA

PEPFAR Indicator Categories

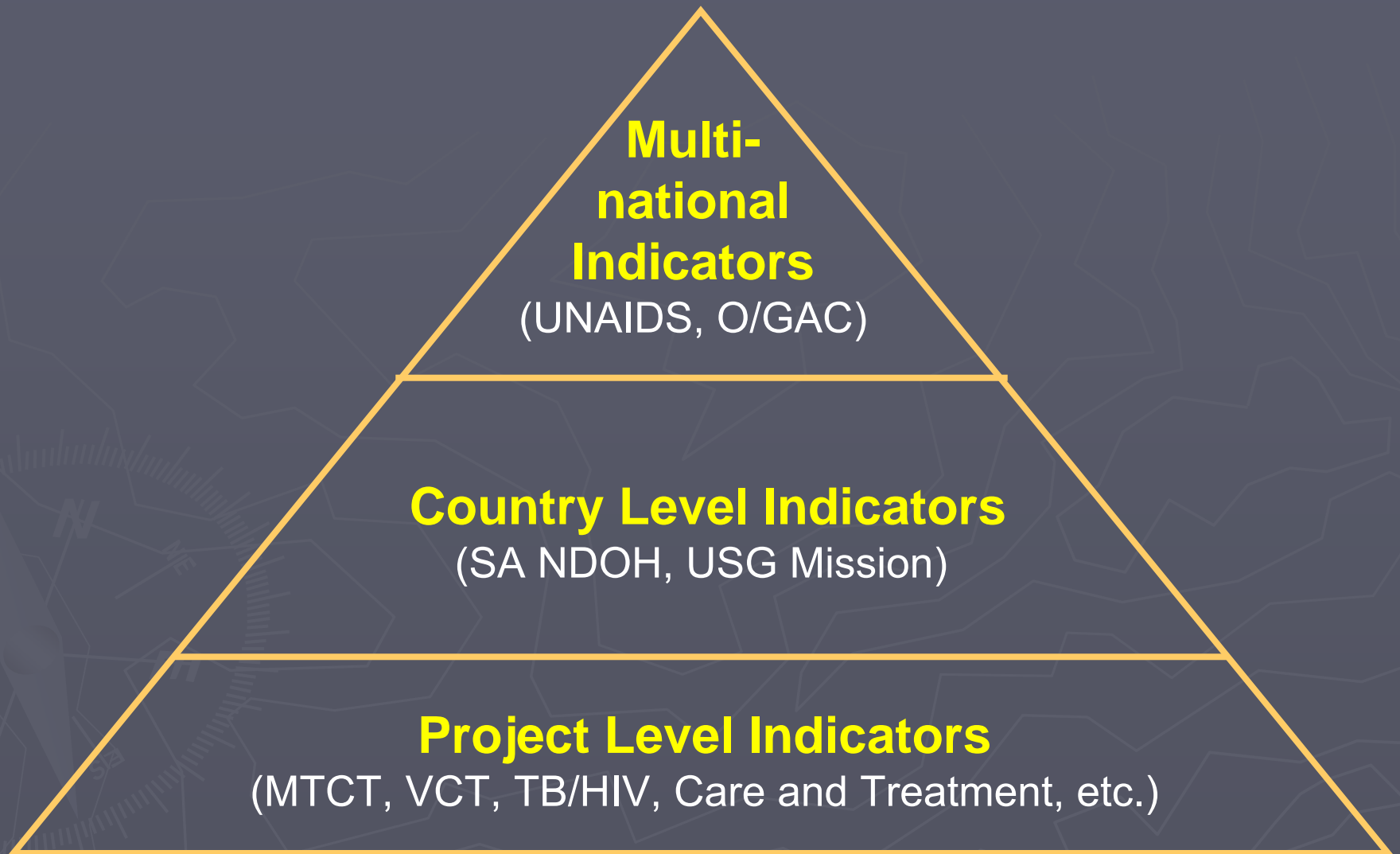
Care – The Ten

1. Palliative Care Non-ARV (excluding TB/HIV)
2. TB/HIV Services
3. OVC

OVC Services



M&E Indicator Pyramid:



Keys to M&E

- ▶ Operationalizing the definition to meet the needs of your organization
- ▶ Use the data and feed it back into the program
- ▶ Make it part of routine
- ▶ Have designated M&E staff

Questions...

